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PTO/SB/21 (04-04) (AW 06/2004)

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**TRANSMITTAL
FORM***(To be used for all correspondence after initial filing)*

Total Number of Pages in This Submission 7

Application Number	10/500,539
Filing Date	July 1, 2004
First Named Inventor	Eiji Kawamoto, et al.
Art Unit	2836
Examiner Name	To Be Assigned
Attorney Docket No.	MAT-8558US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached

<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/Declaration(s)

<input type="checkbox"/> Extension of Time Request

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<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/
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<input type="checkbox"/> Response to Missing Parts under
37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)

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<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a
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<input type="checkbox"/> Power of Attorney, Revocation,
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<input type="checkbox"/> Terminal Disclaimer

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<input type="checkbox"/> CD, Number of CD(s) ____ | <input type="checkbox"/> After Allowance Communication
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<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences

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(Appeal Notice, Brief, Reply
Brief)

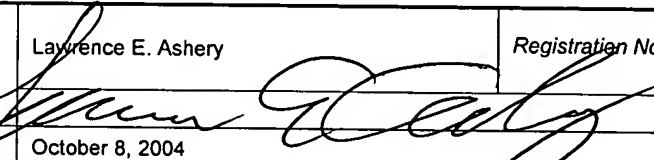
<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input checked="" type="checkbox"/> Other Enclosure(s) (please
identify below): Request for
Corrected Filing Receipt; Copy
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Declaration/Power of Attorney;
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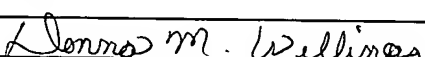
Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Lawrence E. Ashery	Registration No. (Attorney/Agent)	34,515
Signature			
Date	October 8, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Donna M. Wellings		
Signature		Date	October 8, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Eiji Kawamoto, et al.

Serial No.: 10/500,539

Group No.: 2836

Filed: July 1, 2004

Examiner: To Be Assigned

For: MODULE WITH BUILT-IN ELECTRONIC
COMPONENTSFiling Receipt Corrections
Office of Initial Patent Examination
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data:

☒ Incorrectly entered *and/or* ☐ omitted

*Error in**Correct data*

- | | |
|---|---|
| 1. <input type="checkbox"/> Applicant's name | 1. |
| 2. <input type="checkbox"/> Applicant's address | 2. |
| 3. <input type="checkbox"/> Title | 3. |
| 4. <input type="checkbox"/> Filing Date | 4. |
| 5. <input type="checkbox"/> Serial Number | 5. |
| 6. <input type="checkbox"/> Foreign/PCT Application Reference | 6. |
| 7. <input checked="" type="checkbox"/> Other (copy of Declaration/Power of Attorney filed 07/01/2004 appointing Practitioners at Customer Number 23122 is attached) | 7. Practitioners at Customer Number 23122 |

3. No fee is due.

RatnerPrestia
P. O. Box 980
Valley Forge, PA 19482-0980
(610) 407-0700

Respectfully submitted,

Lawrence E. Ashery, Reg. No. 34,515

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Filing Receipt Corrections, Office of Initial Patent Examination, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: October 8, 2004

Donna M. Wellings
Donna M. Wellings

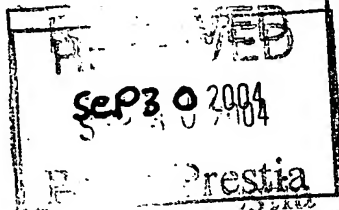


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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/500,539	07/01/2004	2836	992	MAT-8558US	19	24	2

23122
 RATNERPRESTIA
 P O BOX 980
 VALLEY FORGE, PA 19482-0980



CONFIRMATION NO. 6402

FILING RECEIPT



OC000000013898883

Date Mailed: 09/28/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Eiji Kawamoto, Ibaraki-shi, JAPAN;
 Masaaki Hayama, Nara-shi, JAPAN;
 Masaaki Katsumata, Hirakata-shi, JAPAN;
 Hiroki Yabe, Moriguchi-shi, JAPAN;

Power of Attorney:

Lawrence Ashery-34515 Practitioners at Customer Number 23122

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/JP03/16427 12/22/2003

Foreign Applications

JAPAN 2002-372227 12/24/2002
 JAPAN 2003-199254 07/18/2003

Projected Publication Date: 01/06/2005

Non-Publication Request: No

Early Publication Request: No

Title

Electronic component-built-in module

Preliminary Class

361

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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P32950

PTO/SB/01. 02 & 04 COMBINED (08-03) AW (10-03)

**DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

- ☐ Declaration Submitted With Initial Filing (37 CFR 1.63)
- ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
- ☐ Supplemental Declaration (37 CFR 1.67)

Attorney Docket Number:

First Named Inventor:

COMPLETE IF KNOWN

Application Number:

Filing Date:

Art Unit:

Examiner Name:

COPY

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODULE WITH BUILT-IN ELECTRONIC COMPONENTS

(Title of the Invention)

the specification of which

☐ is attached hereto**OR**☒ was filed on (MM/DD/YYYY) 12/22/2003 as United States Application or PCT International Application Number PCT/JP2003/016427

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2002-372227	Japan	12/24/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003-199254	Japan	07/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:

☒ Practitioners at Customer Number **23122****OR**☐ Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

COPY

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**☒ Correspondence Address Below

Name: RatnerPrestia

Address: P. O. Box 980

City: Valley Forge

State: PA

Zip: 19482

Country: USA

Telephone: (610) 407-0700

Fax: (610) 407-0701

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Eiji

KAWAMOTO

Inventor's Signature

Eiji Kawamoto

Date: May 28, 2004

Residence: City: Ibaraki-shi

State: Osaka

Country: Japan

Citizenship: Japanese

Mailing Address: 5-2-701, Gakuen-cho

Mailing Address:

City: Ibaraki-shi

State: Osaka

Zip: 567-0833

Country: Japan

☒ Additional inventors are listed on the next page.

P32950

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Masaaki		HAYAMA	
Inventor's Signature <u>Masaaki Hayama</u>		Date: <u>May 28, 2004</u>	
Residence: City: Nara-shi	State: Nara	Country: Japan	Citizenship: Japanese
Mailing Address: 1-6-13-904, Saidaijikitamachi			
Mailing Address:			
City: Nara-shi	State: Nara	Zip: 631-0817	Country: Japan
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Masaaki		KATSUMATA	
Inventor's Signature <u>Masaaki Katsumata</u>		Date: <u>May 28, 2004</u>	
Residence: City: Hirakata-shi	State: Osaka	Country: Japan	Citizenship: Japanese
Mailing Address: 2-7-2-101, Nishifunahashi			
Mailing Address:			
City: Hirakata-shi	State: Osaka	Zip: 573-1122	Country: Japan
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Hiroki		YABE	
Inventor's Signature <u>Hiroki Yabe</u>		Date: <u>May 28, 2004</u>	
Residence: City: Moriguchi-shi	State: Osaka	Country: Japan	Citizenship: Japanese
Mailing Address: 2-2-2, Minamiterakatakitadori			
Mailing Address:			
City: Moriguchi-shi	State: Osaka	Zip: 570-0046	Country: Japan
<input type="checkbox"/> Additional inventors are listed on Supplemental Sheet(s).			